

PART B - FEE(S) TRANSMITTAL

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Colleen McKiernan, Ph.D.	(Depositor's name)
/Colleen McKiernan, Ph.D./	(Signature)
April 14, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/517,803	12/10/2004	Robert Ramage	62146(71526)	8946

TITLE OF INVENTION: PAR-2-ACTIVATING PEPTIDE DERIVATIVE AND PHARMACEUTICAL COMPOSITION USING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	05/26/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
J. E. Russel	1654	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <u>Use of a Customer Number is required.</u>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Edwards Angell Palmer & Dodge LLP 2 Peter F. Corless 3
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The University of Edinburgh
The University of Strathclyde
Kowa Company, Ltd.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Lothian, United Kingdom
Strathclyde, United Kingdom
Aichi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature _____	/Colleen McKiernan, Ph.D./	Date _____	April 14, 2009
Typed or printed name _____	Colleen McKiernan, Ph.D.	Registration No. _____	48,570

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on April 14, 2009
Date

/Colleen McKiernan, Ph.D./

Signature

Colleen McKiernan, Ph.D.

Typed or printed name of person signing Certificate

48,570

Registration Number, if applicable

(617) 517-5555

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Issue Fee Transmittal (1 page)